CITY OF DANVILLE STREET CLOSURE PERMITAPPLICATION

***EFFECTIVE JULY 1. 2009 THERE WILL BE A \$75.00 CHARGE FOR A STREET CLOSURE PERMIT

Section 24-66 City Code. Any person desiring a street closure permit shall file an application with the Chief of Police. Such application shall be filled not less than one week nor more than sixty (60) days before the date on which it is proposed to conduct the street closure. Date of Application Applicant Information NAME OF APPLICANT REQUESTING PERMIT (required) TELEPHONE NO. (PRIMARY) TELEPHONE NO. (ALT) **ADDRESS** CITY STATE ZIP CODE **EMAIL ADDRESS** Organization or Responsible Party Information ORGANIZATION NAME OR RESPONSIBLE PARTY TO BE NAMED ON PERMIT TELEPHONE NO. ZIP CODE **ADDRESS** CITY STATE **EMAIL ADDRESS** Street Closure Information DATE OF EVENT **EVENT NAME EXPECTED NUMBER OF PARTICIPANTS** DESCRIPTION OF TYPES OF ACTIVITIES: _ WILL ALCOHOL BE CONSUMED IN OR ADJACENT TO A PUBLIC PLACE IN THE AREA OF THE STREET CLOSURE? YES NO IF YES, HAS APPROVAL/LICENSURE BEEN ISSUED BY THE VIRGINIA ABC? NO STREET TO BE CLOSED OFF: CROSS STREETS: BETWEEN: _ ___ EXACT TIME BARRICADE CAN BE REMOVED: __ EXACT TIME STREET IS TO BE CLOSED: THE ENTITY(S) SERVING ALCOHOL MUST PROVIDE THE DANVILLE POLICE DEPARTMENT WITH DOCUMENTATION OF APPROVAL/LICENSURE BY THE VIRGINIA ABC AT LEAST 15 DAYS PRIOR TO THE SCHEDULED EVENT. EXTRA DUTY LAW ENFORCEMENT OFFICERS WILL BE REQUIRED TO STAFF ANY EVENT WHERE ALCOHOL IS BEING SERVIED AND CONSUMED IN A PUBLIC PLACE. IT IS THE RESPONSIBILITY OF THE APPLICANT ON THIS PERMIT TO ENSURE THAT PROVISIONS ARE MADE TO OBTAIN EXTRA DUTY OFFICERS FOR EVENTS WHERE ALCOHOL WILL BE CONSUMED IN A PUBLIC PLACE. PROVISIONS MUST BE MADE AT LEAST 15 DAYS PRIOR TO THE SCHEDULED EVENTS FOR ADDITONAL INFORMATION ON OBTAINING EXTRA DUTY OFFICERS FOR AN EVENT, CONTACT POLICE RECORDS AT 434-799-6522, OPTION 6 AS APPLICANT FOR THE ABOVE STREET CLOSURE, I HEREBY ASSUME FULL RESPONSIBILITY AND WILL SEE THAT THE CITY OF DANVILLE IS REIMBURSED FOR ANY DAMGES TO CITY PROPERTY OR STREETS. Applicant Signature Date Print Name

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NEIGHBORHOOD PETITION

By signing below, you are agreeing that the applicant can organize a street closure on your street on the above listed date and time.

Address		Contact Number
Print Name		
Signature	Date Signed	·
Address		Contact Number
Print Name		
Signature	Date Signed	
		Contact Number
Address		Contact Number
Print Name		-
Signature	Date Signed	
		Contact Number
Address		Contact Number
Print Name		_
Signature	Date Signed	
Address		Contact Number
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Signature	Date Signed	-
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Address		Contact Number
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Signature	Date Signed	-
Address		Contact Number
Print Name		
Signature	 Date Signed	-
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